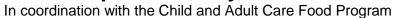




Child's full name:	
Child care business name:	
This child care facility participates in the Montana Child and Adult Care Food Program (This facility is required to serve meals and/or snacks according to federal regulations a agency policies. If a child has special dietary needs due to a medical diagnosis, food alle intolerance, a disability, or other, it must be requested in writing by a parent/guardian an recognized medical authority/health professional (e.g. licensed physician, registered physician's assistant, public health nurse, nurse practitioner). This form is required for a dietary needs. If related prescriptions, instructions, or notes are received, they must be to this form.	ind State rgy, food d/or by a dietitian, Il special
Parent/Guardian Section	
I have received information about the Health Insurance Portability and Accountability Act and the privacy of my child's Protected Health Information (PHI). I understand that information my child's food allergy and/or food substitutions will be shared with this facility and including all staff who prepare and serve food at this facility. I further understand child's name and his/her special dietary needs and food and feeding instructions listed be posted in the kitchen, dining, and classroom areas to ensure that my child's maintained at all times.	ormation ity's staff I that my below will
Food allergies:	
Food intolerances:	
Other reason or condition:	
Request for foods to avoid, foods to substitute, special formulas required, or instr for modification of food or feeding (attach additional information if necessary)	uctions
Parent/Guardian Signature Date	
Medical Authority / Health Professional Section	
Medical diagnosis: Other reason or condition:	
Special dietary requirements:	
Additional information and instructions (attach additional information if necessary)	
Medical Authority / Health Professional:	
O'control of	
Signature Date Address Tel	

Retain original in child's file

Special Dietary Needs





Child care business name:		
	Notice of Use of Protected Health Information	
	Effective Date: 4/14/2003	

HIPAA / PHI:

Your child's privacy and the protection of his/her health information are important to this facility. Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, we are required to maintain the privacy of your child's Protected Health Information (PHI) and to provide you with this notice regarding our practices with respect to your child's PHI. This notice describes how your child's medical information may be used and disclosed, and how you can get access to this information. Please read this notice carefully.

This facility may receive PHI from your child's medical providers as part of the requirements of the program or to better meet your child's individual needs while s/he is enrolled at this facility.

This facility maintains an efficient and effective record-keeping system with policies and procedures that provide information about who has access to children's files and the information in them. All staff members who may have access to children's files will abide by our confidentiality policy.

If you think that some of the information on file as PHI is wrong, you may request in writing that it be changed or new information be added.

This facility will share information with staff only on a "need-to-know" basis to perform child care duties. The sharing of any PHI is to ensure that your child's health needs are met and their safety is maintained at all times. Any information shared with others is shared only after a Release of Information form is signed by the child's parent or guardian.

This facility will share information which may include PHI with individuals, agencies, and/or teams who oversee this facility for compliance, licensure, and inspections. Examples of these are: the Montana Child and Adult Care Food Program, County or State Health Department(s), Indian Health Services, Tribal Health Departments, and the Montana Quality Assurance Bureau.

This facility allows you to inspect your child's file containing PHI at any time with the assistance of a staff member. This facility maintains a log of all incidences of sharing PHI. You can request and receive a list of where your child's PHI has been shared.

If you have concerns about this notice, please ask the individual providing it. If that person cannot answer your questions, please call the Montana Department of Public Health and Human Services (DPHHS) PHI Officer at 1-800-645-8408.

To file a complaint regarding health privacy violations, write to the 'Secretary of Health and Human Services, US Department of Health and Human Services, 200 Independence Avenue SW, Room 506-F, Washington, DC 20201'. This must be done within 180 days from the date you believe your child's health privacy was violated. You may also call the Office of Civil Rights at 1-866-627-7748. This facility will not retaliate in any way if you file a complaint.

I have been given a copy of this Notice and have been given the opportunity to ask questions concerning how my child's PHI will be used. I know that I can contact this facility's director or the DPHHS PHI Officer at (800) 645-8408 if I have further concerns.

Parent signature is required on reverse side